



Massachusetts Department of Environmental Protection  
Bureau of Air and Waste – Stage I Vapor Recovery Program

# Stage I Form F

MassDEP Facility Account # \_\_\_\_\_

## Stage I System Closure Notification

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



DEP USE ONLY
/ /
Date Postmarked

### A. Stage I System Documentation

1. Stage I System Location:

Name of Facility Where the Stage I System is Installed \_\_\_\_\_

Facility Address \_\_\_\_\_

City/Town \_\_\_\_\_

MA

State

Zip Code \_\_\_\_\_

2. Stage I System Responsible Official #1 (point of contact for Stage I related correspondence):

Name of Stage I System Responsible Official #1 \_\_\_\_\_

Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_

State

Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

3. Stage I System Responsible Official #2 (fill out only if applicable):

Name of Stage I System Responsible Official #2 \_\_\_\_\_

Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_

State

Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

4. Type of Storage Tank System:

a. Underground Storage Tank (UST)? ☐ Yes ☐ No (If Yes, go to question 5.)

b. Aboveground Storage Tank (AST)? ☐ Yes ☐ No (If Yes, skip to question 7.)

c. Mobile Tank Truck (MTT)? ☐ Yes ☐ No (If Yes, skip to question 8.)

5. Stage I System Underground Storage Tank (UST) Status:

**Please Note:** To determine correct tank status (for a., b., & c.) please refer to the MassDEP UST regulation 310 CMR 80.00 (80.41 - 80.43): <http://www.mass.gov/eea/agencies/massdep/toxics/ust/>

Please answer "Yes" to **ONE** of the following: **a, b, c, or d.**

a. Are **all** gasoline tanks **removed**? ☐ Yes ☐ No

b. Are **all** gasoline tanks **temporarily out of service**? ☐ Yes ☐ No

c. Are **all** gasoline tanks **permanently closed in place**? ☐ Yes ☐ No

d. Are **all** gasoline tanks converted to **diesel fuel**? ☐ Yes ☐ No

Indicate date UST status changed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



Massachusetts Department of Environmental Protection  
Bureau of Air and Waste – Stage I Vapor Recovery Program

# Stage I Form F

Stage I System Closure Notification

MassDEP Facility Account # \_\_\_\_\_

## A. Stage I System Documentation (cont.)

### 6. UST forms:

- a. If **all** gasoline tanks are **temporarily out of service, permanently closed in place, or converted to diesel fuel** have you submitted an updated UST Facility Registration form to the MassDEP UST program?

☐ Yes ☐ No

- b. If **all** gasoline tanks have been **removed** have you submitted an updated UST Facility Registration form to the MassDEP UST program? ☐ Yes ☐ No

If **NO**, please download the **UST Facility Registration form** available on MassDEP's UST website:

<http://www.mass.gov/eea/agencies/massdep/toxics/ust/>

### Mail original UST Facility Registration forms to:

MassDEP  
Bureau of Air and Waste, UST Program  
P.O. Box 120-0165  
Boston, MA 02112-0165

**Copies** of the UST Facility Registration form should be mailed to the local fire department.

### 7. Stage I System Aboveground Storage Tank (AST) Status:

Please answer "Yes" to **ONE** of the following: a, b, c, or d.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Has a Stage I AST been <b>removed</b> from this facility?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Has a Stage I AST been taken <b>temporarily out of service</b> at this facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has a Stage I AST been taken <b>permanently out of service</b> at this facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Has a Stage I AST been converted to <b>diesel</b> fuel at this facility?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Indicate date AST status changed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please contact your local fire department for regulations and other forms applicable to ASTs.



Massachusetts Department of Environmental Protection  
Bureau of Air and Waste – Stage I Vapor Recovery Program

# Stage I Form F

MassDEP Facility Account # \_\_\_\_\_

## Stage I System Closure Notification

### A. Stage I System Documentation (Cont.)

8. **Stage I System Mobile Tank Truck (MTT) Status:**

Please answer "Yes" to **ONE** of the following: a, b, c, or d.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Has a Stage I MTT been <b>removed</b> from this facility?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Has a Stage I MTT been taken <b>temporarily out of service</b> at this facility?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has a Stage I MTT been taken <b>permanently out of service</b> at this facility and has the Stage I dispensing equipment been removed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Has a Stage I MTT been converted to <b>diesel</b> fuel at this facility?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Indicate date MTT status changed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please contact your local fire department for any additional forms or regulations applicable to MTT's.

9. **Please Note:** Stage I Systems that are **Temporarily Out of Service** are still **ACTIVE** Stage I accounts and your facility will continue to receive an:

- Annual MassDEP Stage I Fuel Dispensing Facility Compliance fee; and
- Annual MassDEP In-Use Compliance Certification form with a due date one year from the temporarily out of service start date.

For additional requirements for Stage I Systems that are temporarily out of service please refer to Stage I Regulation 310 CMR 7.24(3)(f)3.

<http://www.mass.gov/eea/agencies/massdep/air/programs/stage-ii-vapor-recovery.html>

### B. Future Facility Use

1. Will **new gasoline tanks** be installed? ☐ Yes ☐ No

If **YES** when are the new tanks scheduled to be installed? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If **NO**, proceed to question, B.2.

If new **USTs** are installed a Stage I Form A must be submitted to MassDEP within 7 days of passing all Stage I tests, and an updated UST Facility Registration form must be submitted to MassDEP within 30 days of product being introduced into the UST system.

If new **ASTs** or **MTTs** are installed a Stage I Form A must be submitted to MassDEP within 7 days of passing all Stage I tests.

2. Will the facility referenced in this Notification continue to be used for another business operation that is regulated by MassDEP? (new gas station, auto repair, auto body, car wash, etc.)

☐ Yes ☐ No

If **YES**, please specify: \_\_\_\_\_



Massachusetts Department of Environmental Protection  
Bureau of Air and Waste – Stage I Vapor Recovery Program

# Stage I Form F

MassDEP Facility Account # \_\_\_\_\_

## Stage I System Closure Notification

### B. Future Facility Use (Cont.)

3. Has the referenced facility been sold or leased to a new facility owner/lessee? ☐ Yes ☐ No

If **YES**, please provide the following new facility owner/lessee information:

\_\_\_\_\_  
Name of New Facility Owner/Lessee

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Company Name and/or Facility Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address

4. What is the **effective date** the new facility owner/lessee took control of the referenced facility? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### C. Compliance Certification

I certify that, where I have indicated that I am the Stage I System Responsible Official, **(a)** I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment; and **(b)** I am fully authorized to make this attestation on behalf of the facility.

\_\_\_\_\_  
Printed Name of Stage I Responsible Official #1

\_\_\_\_\_  
Signature of Stage I Responsible Official #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Stage I Responsible Official #2

\_\_\_\_\_  
Signature of Stage I Responsible Official #2

\_\_\_\_\_  
Date